

PEDIATRIC EMERGENCIES - DEHYDRATION

1102

Dehydration may be caused by vomiting, diarrhea and poor fluid intake. This may be exhibited by poor capillary refill, tachycardia, decreased (altered) mental status, and lower blood pressure. Infants may have a sunken fontanelle or eyes, poor skin turgor.

Basic Life Support

1. Maintain patient airway.
2. Oxygen 15 LPM via non-rebreather or 6 LPM via nasal cannula, if mask is not tolerated, consider blow by.
3. Obtain history.
4. Consider ALS backup if available, if patient is hemodynamically abnormal.
5. Transport.

Advanced Life Support

1. If patient is hemodynamically abnormal, establish IV with Normal Saline or LR. If unsuccessful after 2 attempts, consider IO.
2. If signs of inadequate perfusion, give 20cc/kg bolus of normal saline, may repeat 3 times.
3. Monitor vital signs, EKG, and Pulse Ox.
4. Contact MCP for further orders, if needed.
5. Transport

Key Points/Considerations

Monitor for signs of pulmonary edema when administering fluid bolus. Refer to Shock Standing Order #1104.
Consider finger stick and treat hypoglycemia per protocol.

Service Director Initials _____

Medical Director Initials _____

Date Approved By KBEMS _____

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